

PRIVATE CAR INSURANCE PROPOSAL FORM



1) Name of Proposer _____

2) Address _____

3) Telephone No. _____ Fax No. _____

4) Cell No. _____ Email _____

5) Occupation _____ Age _____

6) NTN _____ STN _____ CNIC (if individual) _____

7) Period of Insurance From: _____ To: _____

8) Details of Vehicle (In case of fleet, please provide details)

Make _____ Model _____ C.C. _____

Reg. No _____ Engine No. _____

Chassis No. _____ Color _____

9) Purchase Price Rs. _____ Insured's Estimated Value Rs. _____

10) Is the vehicle registered in
a your name?
b leasing corporation?
c financial institution?

(in case of leasing corporation/financial institution, please specify the name _____)

11) Will the car be driven regularly by any one other than Proposer? If yes, please supply the following information

Name and Occupation of such person(s)	Age	Period of driving experience	Has any such person(s) been refused insurance by any Company or underwriter at normal rates and terms

12) Accessories other than factory fitted AC Tape/Recorder/ CD changer
 CNG LCD

If any other _____

13) Detail of factory fitted accessories AC Tape/Recorder/ CD changer
 CNG Speaker

If any other _____

14) Is the vehicle fitted with Tracker, if yes, then please mention the Tracking Company's name _____

15) What is the motive power/fuel of the vehicle? petrol Diesel CNG

16) For what purpose will the car be used? private commercial

if not, state the other purpose? _____

17) Have you or has any other person who to your knowledge will drive been convicted of any offence in connection with the driving of any motor vehicle? _____

18) Insert total number of vehicles owned and particulars of all accidents or losses during the past three years in connection with all motor vehicles owned or driven by you.

Year	Total number of vehicles owned by Proposer	Total number of accidents	TOTAL COST OF CLAIM						
			Damage to Proposer's Vehicles		Third Party		Others such as Theft and Riot		
			No	Amount	No	Amount	No	Amount	

19) Are you now or have you been insured in respect of any motor vehicle yes no

If yes, State the name of insurer : _____

20) Has any insurer ever :

(a) Declined your proposal? _____

(b) Cancelled or refused to renew your policy ? _____

21) Are you willing to bear portion of all claims/deductible, in respect of loss or damage to the vehicle? If so, state amount _____

20) The following documents to be attached with Proposal Form

- * Registration Book Copy
- * C.N.I.C. Photocopy
- * Driving License Copy

I / We hereby declare that the particulars stated above are true and I/We agree that this Declaration and Answers given above shall be the contract between me/us and IGI Insurance Ltd.

I / We hereby also declare that the above car belongs to me/us and I/We have good and clear legal title of ownership.

Date

Signature of the Proposer

For office use only

Date : _____	Approved by : _____ Name & Designation : _____
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